PTO/SB/06 (07-06)

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Substitute for Form PTO-875							10/573,974			30/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY OR				HER THAN
Т	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE		N/A		N/A		N/A		1	N/A	
	(37 CFR 1.16(a), (b), SEARCH FEE (37 CFR 1.16(k), (l),		N/A		N/A		N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	E	N/A		N/A		N/A		1	N/A	
	FAL CLAIMS CFR 1.16(i))	G( (q))	minus 20 =			1	x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1,16(h))	s	m	inus 3 = *		1	x \$ =		1	x \$ =	
If the specification and drawings exceed 10 specification and drawings exceed 10 specification size FEE (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(s/11/G) and 37 CFR 1.16(s).  MULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1.160)											
* If the difference in column 1 is less than zero, enter "0" in column 2.						1	TOTAL		1	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	•	Minus	*	=	]	x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))		Minus	***	=	]	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		l
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT	02/05/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))	- 20	Minus	** 20	= 0	1	x \$ =		OR	X \$52 =	0
	Independent (37 CFR 1,16(h))	* 1	Minus	*** 3	= 0	1	x \$ =		OR	X \$220 =	0
	Application Size Fee (37 CFR 1.16(s))					1			1		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR	l	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the "Highest Number Previously Paid or "O IT HIS SPACE is less than 20, enter "2".  If the "Highest Number Previously Paid For "IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Previously Paid For "(To IT HIS SPACE is less than 3, enter "3".  If HERESA LINDSAY!  If HERESA LINDSAY!  If HERESA LINDSAY!  If HERESA LINDSAY!											

has collection of information is origined by 37 CFR 1,10. The information is required to obtain or retain a bound by the public which is in to file und by the USFTO to process) an application. Confidentiality is operand by 38 US 6.C 122 and 37 CFR 1.4. If this collection is estimated to the bit 2 trainities to complete in excluding pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this borton, although the sent to the Child referension Officer. U.S. Plants and Trickmark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.